

OFFICES OF THE WEST VIRGINIA INSURANCE COMMISSIONER

Financial Conditions Division Tax Audit Section

CALENDAR YEAR				
П	APRIL 25	(1 ST Q)		
П	JULY 25	$(2^{ND} Q)$		
	OCTOBER 25	$(3^{RD} Q)$		

FORM XLB-SUR (Rev. 07/04) SURPLUS LINES

QUARTERLY INSURANCE PREMIUM SURCHARGE As Required by West Virginia Code Chapter 33, Article 3, Section 33 and Article 43, Section 6

LICENSE #	LICENSEE NAME			
MAILING ADDRESS				
	SON AND PHONE NUMBER			
THE SURCHARGE IS IMPOSED ON THE POLICYHOLDER OF ANY FIRE OR CASUALTY INSURANCE POLICY REPORTED ON STATUTORY PAGE 14 OF THE INSURER'S ANNUAL FINANCIAL STATEMENT. (SURPLUS LINES LICENSEE SHOULD REVIEW FORM XLB-SUR-INST FOR LISTING OF APPLICABLE LINES OF INSURANCE)				
1. GROSS	PREMIUMS* WRITTEN THIS QUARTER	\$		
2. LESS P	REMIUMS RETURNED FOR CANCELLATION	\$		
3. NET PR	REMIUMS WRITTEN THIS QUARTER (LINE 1 – LINE 2)	\$		
4. LESS P	REMIUMS NOT SUBJECT TO 1% SURCHARGE	\$		
5. TOTAL	PREMIUMS SUBJECT TO 1% SURCHARGE	\$		
6. GROSS	SURCHARGE DUE THIS QUARTER (LINE 5 x 1%)	\$		
7. LESS O	VERPAYMENT APPLIED (LETTER ATTACHED)	\$		
8. NET SU	JRCHARGE DUE THIS QUARTER (LINE 6 – LINE 7)	\$		
*Gross Premiums should be inclusive of any related finance and service charges.				
Each Surplus Lines Licensee is required to remit policyholder surcharge equal to one percent of the premiums paid by the policyholder during the quarter less any overpayment applied.				
PURSUANT TO W. VA. CODE § 33-43-6 (a) AND (e) SURCHARGE RETURN MUST BE FILED EVEN IF THERE IS NO LIABILITY. PAY FULL AMOUNT DUE WITH THIS RETURN. Please make checks payable to: WEST VIRGINIA INSURANCE COMMISSIONER.				
SIGN HERE	Under penalties of perjury, I declare that I have examined this return (including accompanying schedules and statements) and to the best of my knowledge and belief it is true and complete.			
	Signature of Licensee Name of Licensee – type or print	Date		